

<i>SERFF Tracking Number:</i>	<i>MGCA-126654228</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45837</i>
<i>Company Tracking Number:</i>	<i>CH-26115-IP (01/10) AR 201006 AR CHESAPEAKE 15297</i>		
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.004 Other</i>
<i>Product Name:</i>	<i>CH-26115-IP (01/10)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26115-IP (01/10) SERFF Tr Num: MGCA-126654228 State: Arkansas

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- Closed State Tr Num: 45837

Sub-TOI: H111.004 Other Co Tr Num: CH-26115-IP (01/10) State Status: Approved-Closed  
AR 201006 AR CHESAPEAKE  
15297

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Mordovine, Yan Yuan, Eliseo Rodriguez, David Beimesch, Tony Huang, Chanel Orallo, Sommay Khounlo, Ashley Toner, Jennifer Schilb

Date Submitted: 06/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/07/2010

Explanation for Other Group Market Type:

State Status Changed: 06/07/2010

Deemer Date:

Created By: Eliseo Rodriguez

Submitted By: Eliseo Rodriguez

Corresponding Filing Tracking Number:

Filing Description:

We are extending maximum issue age from 55 to 60.

SERFF Tracking Number: MGCA-126654228 State: Arkansas  
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TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other  
Product Name: CH-26115-IP (01/10)  
Project Name/Number: /

## Company and Contact

### Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com  
9151 boulevard 26 817-255-3752 [Phone]  
north richland hills, TX 76180

### Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma  
9151 Boulevard 26 Group Code: 264 Company Type:  
North Richland Hills, TX 76180 Group Name: State ID Number:  
(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$25.00	06/01/2010	36922595
The Chesapeake Life Insurance Company	\$25.00	06/02/2010	36950412

SERFF Tracking Number: MGCA-126654228 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/07/2010	06/07/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/02/2010	06/02/2010	Eliseo Rodriguez	06/02/2010	06/02/2010

<i>SERFF Tracking Number:</i>	<i>MGCA-126654228</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>CH-26115-IP (01/10)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 06/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCA-126654228 State: Arkansas

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Company Tracking Number: CH-26115-IP (01/10) AR 201006 AR CHESAPEAKE 15297

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other

Product Name: CH-26115-IP (01/10)

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Supporting Documentation	Approved-Closed	Yes
Rate	CH-26115-IP (0110) AR Rates.pdf	Approved-Closed	Yes

SERFF Tracking Number: MGCA-126654228 State: Arkansas  
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TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other  
Product Name: CH-26115-IP (01/10)  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/02/2010

Submitted Date 06/02/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- CH-26115-IP (0110) AR Rates.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 for this filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: MGCA-126654228 State: Arkansas  
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TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other  
Product Name: CH-26115-IP (01/10)  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/02/2010  
Submitted Date 06/02/2010

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: The additional \$25 has been submitted.

### Related Objection 1

Applies To:

- CH-26115-IP (0110) AR Rates.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 for this filing.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,

Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

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TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
Product Name:	CH-26115-IP (01/10)		
Project Name/Number:	/		

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-	CH-26115-IP (0110)		New		CH-26115-IP (0110) AR Rates.pdf
Closed	AR Rates.pdf				
06/07/2010					



# The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

## Disability Income Insurance Policy

CH-26115-IP (01/10) AR

Formula
Round( AgeSex x Base x Inflation x Benefit x Benefit Period x Elimination Period x Occupational Class ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates.

Inflation
1.000000000

A billing fee of up to \$5 may be charged on direct bill modes. A one time application fee of up to \$30 may be applicable.

Base	Factor
Base	15.490

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Occupational Class White collar	0.450000
Occupational Class Blue collar	1.120000
Benefit 500	3.440000
Benefit 1000	5.900000
Benefit 1500	9.100000
Benefit 2000	12.400000
Benefit 2500	15.800000
Benefit Period 6 month	0.550000
Benefit Period 12 month	0.700000
Benefit Period 18 month	0.800000
Benefit Period 24 month	0.900000
Benefit Period 36 month	1.000000
Benefit Period 48 month	1.150000
Benefit Period 60 month	1.300000
Elimination Period 14 Days	1.170000
Elimination Period 30 Days	0.830000

Age*	Factor	Gender	Adult/Dep
00	0.8800	Female	Adult
01	0.8800	Female	Adult
02	0.8800	Female	Adult
03	0.8800	Female	Adult
04	0.8800	Female	Adult
05	0.8800	Female	Adult
06	0.8800	Female	Adult
07	0.8800	Female	Adult
08	0.8800	Female	Adult
09	0.8800	Female	Adult
10	0.8800	Female	Adult
11	0.8800	Female	Adult
12	0.8800	Female	Adult

Age*	Factor	Gender	Adult/Dep
13	0.8800	Female	Adult
14	0.8800	Female	Adult
15	0.8800	Female	Adult
16	0.8900	Female	Adult
17	0.8900	Female	Adult
18	0.8900	Female	Adult
19	0.8900	Female	Adult
20	0.9000	Female	Adult
21	0.9100	Female	Adult
22	0.9200	Female	Adult
23	0.9300	Female	Adult
24	0.9600	Female	Adult
25	0.9800	Female	Adult
26	0.9900	Female	Adult
27	0.9900	Female	Adult
28	1.0100	Female	Adult
29	1.0200	Female	Adult
30	1.0400	Female	Adult
31	1.0500	Female	Adult
32	1.0700	Female	Adult
33	1.1000	Female	Adult
34	1.1300	Female	Adult
35	1.1700	Female	Adult
36	1.1800	Female	Adult
37	1.2000	Female	Adult
38	1.2200	Female	Adult
39	1.2600	Female	Adult
40	1.2900	Female	Adult
41	1.3000	Female	Adult
42	1.3200	Female	Adult
43	1.3400	Female	Adult
44	1.3700	Female	Adult
45	1.4000	Female	Adult
46	1.4200	Female	Adult
47	1.4400	Female	Adult
48	1.4700	Female	Adult
49	1.5200	Female	Adult
50	1.5700	Female	Adult
51	1.6000	Female	Adult
52	1.6400	Female	Adult
53	1.7000	Female	Adult
54	1.7900	Female	Adult
55	1.8900	Female	Adult
56	1.9300	Female	Adult
57	1.9500	Female	Adult
58	1.9800	Female	Adult
59	2.0300	Female	Adult
60	2.0400	Female	Adult
00	0.6300	Male	Adult
01	0.6300	Male	Adult
02	0.6300	Male	Adult
03	0.6300	Male	Adult

Age*	Factor	Gender	Adult/Dep
04	0.6300	Male	Adult
05	0.6300	Male	Adult
06	0.6300	Male	Adult
07	0.6300	Male	Adult
08	0.6300	Male	Adult
09	0.6300	Male	Adult
10	0.6300	Male	Adult
11	0.6300	Male	Adult
12	0.6300	Male	Adult
13	0.6300	Male	Adult
14	0.6300	Male	Adult
15	0.6300	Male	Adult
16	0.6300	Male	Adult
17	0.6300	Male	Adult
18	0.6400	Male	Adult
19	0.6400	Male	Adult
20	0.6400	Male	Adult
21	0.6500	Male	Adult
22	0.6600	Male	Adult
23	0.6700	Male	Adult
24	0.6800	Male	Adult
25	0.7000	Male	Adult
26	0.7000	Male	Adult
27	0.7100	Male	Adult
28	0.7200	Male	Adult
29	0.7300	Male	Adult
30	0.7500	Male	Adult
31	0.7600	Male	Adult
32	0.7800	Male	Adult
33	0.8000	Male	Adult
34	0.8400	Male	Adult
35	0.8700	Male	Adult
36	0.8900	Male	Adult
37	0.9000	Male	Adult
38	0.9300	Male	Adult
39	0.9600	Male	Adult
40	1.0000	Male	Adult
41	1.0100	Male	Adult
42	1.0300	Male	Adult
43	1.0600	Male	Adult
44	1.0900	Male	Adult
45	1.1300	Male	Adult
46	1.1500	Male	Adult
47	1.1700	Male	Adult
48	1.2100	Male	Adult
49	1.2600	Male	Adult
50	1.3100	Male	Adult
51	1.3500	Male	Adult
52	1.3900	Male	Adult
53	1.4600	Male	Adult
54	1.5500	Male	Adult
55	1.6400	Male	Adult

Age*	Factor	Gender	Adult/Dep
56	1.6800	Male	Adult
57	1.7000	Male	Adult
58	1.7200	Male	Adult
59	1.7600	Male	Adult
60	1.7700	Male	Adult

\*Issue Age Rating

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TOI:	H111 Individual Health - Disability Income	Sub-TOI:	H111.004 Other
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Supporting Documentation	
<b>Comments:</b>	Approved-Closed	<b>Date:</b>
<b>Attachments:</b>		06/07/2010
CH-26115-IP (0110) AR Certificate of Compliance.pdf		
CH-26115-IP (0110) AR Cover Letter.pdf		
CH-26115-IP (0110) AR Rate History.pdf		

Certification of Compliance with  
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-61832  
Form Number(s): CH-26115-IP (01/10) AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Derrick Duke  
\_\_\_\_\_  
Name

5/26/2010  
\_\_\_\_\_  
Date



**The Chesapeake  
Life Insurance Company**  
Home Office: Oklahoma City, OK

9151 Boulevard 26  
N Richland Hills, TX 76180  
www.chesapeakelife.com  
Phone: 800.729.2302  
Fax: 817.255.8274

5/24/2010

Ms. Rosalind Minor  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock AR 72201-1904

**RE: The Chesapeake Life Insurance Company  
Individual Policy Form Rate Change Filing for:  
Disability Income Insurance Policy  
Policy Form Number: CH-26115-IP (01/10) AR  
Company NAIC # 264-61832  
Company FEIN # 52-0676509**

Dear Ms. Minor,

For your approval, we are submitting filing documents in support for the added issue age rates for age 56 through 60. We are increasing our issue age limit from age 55 to age 60, therefore, making this product more available to the public. The new issue age rates for age 56 through 60 are added to our previously approved rates for this form.

Currently, there are 0 policies in force in your state under this form.

This rate filing has been filed as "File and Use" with our domicile state of Oklahoma. Please let us know if you have any questions or need additional information regarding this filing. Thank you in advance for your review.

Sincerely,

Chanél Orallo  
Actuarial Analyst  
Phone: (800) 729-2302 x6427  
Fax: (817)255-8274  
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

**CH-26115-IP (01 / 10) AR**  
Individual Disability Income Insurance Policy

Effective Date	Rate Increase/Decrease
No Rate History	